

POSITION	INITIALS	ID NO.	DATE
<b>FEE DETERMINATION</b>	<i>metron</i>		<i>06/26/01</i>
<b>O.I.P.E. CLASSIFIER</b>		<i>11</i>	<i>6/26/01</i>
<b>FORMALITY REVIEW</b>	<i>F.T.</i>	<i>1117</i>	<i>8/13/01</i>
<b>RESPONSE FORMALITY REVIEW</b>			

JC 1117

## INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 — (Through numeral)... Canceled      A ..... Appeal  
 ÷ ..... Restricted      0 ..... Objected

Claim	Date
Final	
Original	<i>3/6/01</i>
1	✓
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5	✓
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10	✓
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15	✓
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19	✓
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Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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